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				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL				Complete if Known  Application Number 09/029,425				
				cation Number				
For FY 2006				Date	December 18, 1998			
				Named Inventor	Muller, R.			
Applicant claims small entity status. See 37 CFR 1.27			<u> </u>	niner Name	Cozart, J.			
TOTAL AMOUNT OF PAYMENT (\$) 750.00			Art U		3726 67562.5			
TOTAL AMOUNT OF PATMENT (4) 750.00				ney Docket No.	67362.3			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-2536 Deposit Account Name: Hunton & Williams LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
winder 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING F	EES SE mall Entity	EARCH FI	EES EXA I <b>I Entity</b>	MINATION Small	N FEES Entity		
Application Type	Fee (\$)					e (\$)	Fees Paid (\$)	
Utility	300	150 50	00 2	50 20	0 10	00		
Design	200	100	00 5	50 13	0 6	55 -		
Plant	200	100 30	00 1	50 16	0 8	- 30		
Reissue	300	150 50	00 2	50 60	0 30	- 00		
Provisional	200	100	0	0	0	0 -		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)  50  25								
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
	<u>aims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$</u> - 20 or HP = x =		<u>\$)</u>	Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
HP = highest number of total						ee (\$)	ree raid (\$)	
Indep. Claims	Extra Claim	<u>Fee (\$)</u>	Fee Paid (	<u>\$)</u>		***************************************	***************************************	
3 or HP = <b>x</b> = HP = highest number of independent claims paid for, if greater than 3.								
3 APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								
100 = / 50 = (round <b>up</b> to a whole number) x =								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late-filing surcharge): petition for revival of an application \$750								
Signature Registration No. 31,900 Telephone 212 309 1214								
ignature (Attorney/Agent) 31,900						Telephone 212 309 1214		
Name (Print/Type) Eugene 🧭	Rzucidlo	$^{\prime}$ /\ $^{\prime}$				Date April [3	2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.